

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of such, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>161</u>
District of <u>Rice</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>433</u>
Town of <u>Rice</u>			Local Registrar No. _____
or			
City of _____	No. _____	St. _____	Ward _____
2. Full name of child <u>Gladys Ward</u> If birth occurred in a hospital or institution, give its NAME instead of street and number)			
If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of Birth <u>5/21</u> 19 <u>23</u> Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Frank Ward</u>		Full maiden name <u>Sadie Thorne</u>	
9. Residence (Usual place of abode) <u>Rice Arizona</u>		15. Residence (Usual place of abode) <u>Rice Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Indian</u>		16. Color or race <u>Indian</u>	
11. Age at last birthday <u>21</u> (Years)		17. Age at last birthday <u>18</u> (Years)	
12. Birthplace (city or place) <u>Rice Ariz</u> (State or country)		18. Birthplace (city or place) _____ (State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Common Laborer</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>1</u>		<u>na</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Mary A. Seaward</u> <u>J. L. Maltre</u>	
		(Physician or midwife)	
Address <u>Rice Ariz</u>			
Given name added from a supplemental report _____		Filed <u>6-4</u> 19 <u>23</u> <u>B. G. J. O. Y.</u>	
Month, day, year.		Filed <u>6-5</u> 19 <u>23</u> <u>B. G. J. O. Y.</u>	
Registrar. _____		Local Registrar. _____	
		County Registrar. _____	

764-521-235